PERMIT OFFICE CONTACT INFORMATION

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PERMIT APPLICATION FOR ACTIVITY ON STATE PROPERTY

CHP 398 (REVISED FOR USE AT THE STATE CAPITOL - PSD-025)

ALL INFORMATION MUST BE PROVIDED (Attach additional sheets if necessary)						
ORGANIZATION/APPLICANT NAME						
STREET ADDRESS (DO NOT USE P.O. BOX)		CITY, STATE, ZIP C	DDE			
CONTACT PERSON			CONTACT NUMBER		FAX NUMBER	
DATE(S) OF ACTIVITY/EVENT (MONTH, DAY, YEAR) 10 BUSINESS DAYS NOTICE REQUIRED				EMAIL:		
IDENTIFICATION OF SECURITY "MONITORS" (NAME, ADDRESS A	AND CELLULAR TELEPH	ONE NUMBER)S		-		
SPECIFIC LOCATION OF ACTIVITY				PROJECTED NUMBER OF PARTICIPANTS:		
Address if other than the State Capitol:						
SPECIFIC DESCRIPTION OF ACTIVITY				A SEPARATE INSURANCE/LIABILITY POLICY FOR EVENTS AT THE STATE CAPITOL MAY BE REQUIRED IF: AN EVENT AT THE STATE CAPITOL STEPS EXCEEDS 500 PARTICIPANTS, OR A WEDDING EVENT IN STATE CAPITOL PARK EXCEEDS 100 PARTICIPANTS		
SET-UP TIME (a.m./p.m.)	STARTING TIME (a.m./p.m.)			ENDING TIME (a.m./p.m.)		
	his/her agreemen	e. The application	vith all state pant also accept	s financial liab	ility for any damages to state	
APPLICANT SIGNATURE	PRINT NAME		DATE			
THE HOLDER OF THE PE	ERMIT IS REQU	CHP USE OF	NLY MAIN AT THE AST TH	EVENT THE I	ENTIRE TIME. URITY FENCE	
COMMANDER OR DESIGNEE SIGNATURE					DATE	
DATE AND TIME RECEIVED		CONFIRMATION/PER	MIT NUMBER			